## - RECEIVED

## **CENTRAL FAX CENTER**

## JAN 08 2007

PTO/58/22 (09-05)
Approved for use through 0.5/31/2007. OAB 0851-0031
U.S. Paters and Tradomark Office; U.S. DEPARMENT OF COMMERCE
Under the paperson's Reduction Act of 1885, no parsons are required to respond to a colection of information unless if displays a valid OME control ramper.

PI	ETITION	FOR EXTENSION OF TIME UND	Docket Number (Optional)									
	( <u>Fear</u>	FY 2006  pureuent to the Consolidated Appropriations.	MI30-068									
Αp	plication		Filed February 5, 2002									
Fo	r Field	Effect Transistor Fabrication Me	Device Fabrication Methods, and									
Απ	Unit	2891	Examiner Steven J. Fulk									
ᄙ	This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.											
The	The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):											
	<u> </u>		<u>F90</u>	Small Entity Fee	, !							
		One month (37 CFR 1.17(a)(1))	\$120	<b>\$</b> 60	, \$ <u> </u>							
	X	Two months (37 CFR 1.17(a)(2))	\$450	<b>\$22</b> 5	\$ <u>450.00</u>							
		Three menths (37 CFR 1.17(a)(3))	\$1020	<b>\$</b> 510	\$							
l		Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$							
		Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$							
	Applicant cleims amail entity status, See 37 CFR 1.27.											
	A check in the amount of the fee is enclosed.											
	Payment by credit card. Form PTO-2038 is attached.											
X	The Director has already been authorized to charge fees in this application to a Deposit Account.											
$\boxtimes$	The Director is hereby authorized to charge any fee de f. lencyrequired, or credit any overpayment, to											
	Deposit Account Number 23-0925 I have enclosed a duplicate copy of this sheet.  WARNING: Information on this form may become public. Credit card information should not be included on this form.  Provide credit card information and authorization on PTO-2036.											
l er	m the	epolicant/Inventor.										
	iii uio	□ ''	da baran da maran									
	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/98).											
	attorney or agent of record. Registration Number											
	,	ettorney or agent under 37 C	FR 1.34, der 37 GFR 1.34 39 .1	833	,							
		Libe O Of			2/07							
		Signature		1	Dete							
	James	D. Shaurette		509.624.4	4276							
		Typed or printed name		•	hone Number							
NOTE:	NOTE: Signatures of all the inventors or assignment of facent of the entire interest or tick representative(a) are required. Submit multiple forms if more than one algorithm is required, see below.											
X	Total of	1 forms	re submitted.	•								

This collection of information is required by 37 CFR 1.135(a). The information is required to obtain or reliab a benefit by the public which is to like (and by the USPTO to process) an application. Confidentiality is governed by 35 LLS.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, propering, and statestiffs the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the enternal of time by a require to except the time before suggestions for reducing this burden, should be sent to the Chief information Officer.

U.S. Petent and Traditional Office, U.S. Department of Commerce, P.O. Box 1450, Abstandria, VA 22313-1450. DO NOT SEND FESS OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Abstandria, VA 22313-1450.

If you need assistance in completing the form, well 1-600-PTD-9199 and select paties 2

01/10/2007 EFLORES 00000022 230925 10072415

01 FC:1252 450.00 DA

Ø1003/024

JAN 0 8 2007
PT0/SB/17 (12-04v2)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Sans augustus	Effective on 12/00 the Consolidated Approp	40401	Complete if Known											
	, ,	,	Application Num	ber	10/072,415									
FEE	TRAN		Filing Date		Feb. 5, 2002									
ľ	For FY		First Named Inve	entor	Ji Lee et al.									
Applicant of	alms small entity stat		Examiner Name		Steven J. Fulk									
		us. 366 37 CFR(1.27	—[	Art Unit		2891								
TOTAL AMOUN	TOF PAYMENT (	\$) /(800.00		Altomey Docket	No.	MI30-068								
METHOD OF PAYMENT (check all that apply)														
Check Credit Card Money Order None Other (please identify):														
Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John, P.S.														
		11	1											
<b></b> ✓ Ch	For the above-identified deposit account, the Directoris hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee													
Charge any additional fee(s) or underpayments of fee(s)														
WARNING: Informa	ler 37 CFR 1.16 and tion on this form may	1.17 become public. Credit d	and Info	_	-			ovide cre	dit card					
information and au	thortzation on PTO-20													
FEE CALCUL	ATION			. <u> </u>										
1. BASIC FILIN		EXAMINATION F												
	FILING	i FEES <u>Small Entity</u>	SEAR	CH FEES Small Entity	EXAM	INATIO Smal	N FEES I Entity							
Application 1			Fee (\$)		Fee (		e (S)	Ess	rs Pald (8)					
Utility	300	150	500	250	200	10	00		·····					
Design	200	100	100	50	130	•	55							
Plant	200	100	300	150	160		30							
Reissue	300	150	500	250	600	30	00							
Provisional	200	100	0	0	0		0							
2. EXCESS CI						,	Fee (\$)	Small E Fee (						
Fee Description Each claim of	n ver 20 (including	Reissues)				•	50	25						
		(including Reissue	s)			•	200	100	)					
Multiple dep	endent claims		•				360	180	)					
<u>Total Claims</u>	Extra Cla						Dependent Claims							
	0 or HP = <u>7</u> iber of total claims paid		= <u></u>	50.00		1	Fee (\$)	Fee	Paid (\$)					
Indep, Claims	Extra Cla	ims Fee (5)		Peld (\$)										
	or HP = <u>0</u> ber of independent clair	ns paid for, if greater them		0										
3. APPLICATION  If the specifics		exceed 100 sheets	of pape	er (excluding ele	ctroni	cally file	ed sequ <del>e</del> n	ce or co	omputer					
		), the application si				small er	tity) for (	each add	fitional 50					
sheets or fi Total Sheet	<u>Extra 8h</u>	e 35 U.S.C. 41(a)(1 <u>ets</u> <u>Number (</u>	of each	additional 50 or	fraction			_	Fee Paid (\$)					
	- 100 =	/50 =		(round up to a wh	icle nuf	nber) x		=						
4. OTHER FEE( Non-English		130 fee (no small e	ntity di	iscount)					Fees Paki (\$)					
Non-English Specification, \$130 fee (no small entity discount)  Other (c.g., late filing surcharge): Request for Extension of Time (2 mos.)  \$450.00														
SUBMITTED BY	1100	$-\alpha$	R	egistration No. 39,			Tolooboo	Ac						
Signature	4	<del></del>	(A	ttomey/Agent) 39,	933		Telephon	509.62						
Name (Print/Type)	ames D. Shaurette	-					Date ,	191	יס')					

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the including case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademerk Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need essistence in completing the form, cell 1-800-PTO-9199 and select option 2.